

# Application Information

**Application Number::** 10/705,501

Filing Date:: November 12, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

Number of CD Disks::

**Number of Copies of CDs::** 

**Sequence Submission?::** 

Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title::

**Attorney Docket Number::** 

Request for Early Publication?::

Request for Non-Publication?::

**Suggested Drawing Figure::** 

**Total Drawing Sheets::** 

**Small Entity?::** 

Latin Name::

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

**Licensed US Govt. Agency::** 

**Contract or Grant Numbers::** 

**Secrecy Order in Parent Appl.::** 

# **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship::	United Kingdom
Country::	United Kingdom
Status::	Full Capacity
Given Name::	Dave
Middle Name::	
Family Name::	HUMPHREYS
Name Suffix::	•
City of Residence::	Wrexham
State or Province of Residence::	
Country of Residence::	United Kingdom
Street of Mailing Address::	4 Lytham Court, Sunnydale Park
City of Mailing Address::	Wrexham
State or Province of Mailing Address::	
Country of Mailing Address::	United Kingdom
Postal or Zip Code of Mailing Address::	LL 13 9PJ
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	·
Country of Residence::	
Street of Mailing Address:	

City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	·
Postal or Zip Code of Mailing Address::	
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Primary Citizenship::	
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Status::	Full Capacity
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Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name.	

Name Suffix::			
City of Residence::			
State or Province of	Residence::		
Country of Residence	e::		
Street of Mailing Add	dress::		
City of Mailing Addre	ess::		
State or Province of Address:: Country of Mailing A	_		
Postal or Zip Code o			
Correspondence	Information		
Correspondence Cu	stomer		
Phone Number::			
Fax Number::			
E-Mail Address::			
Representative In	formation		
Representative Cust Number::	omer		
Domestic Priority	Information		
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

## **Assignee Information**

**Assignee Name::** 

**Street of Mailing Address::** 

City of Mailing Address::

**State or Province of Mailing** 

Address::

**Country of Mailing Address::** 

Postal or Zip Code of Mailing

Address::